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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      OR

Attorney Docket Number	HRL040
First Named Inventor	S. Krishnamurthy
<b><i>COMPLETE IF KNOWN</i></b>	
Application Number	09 / 708271
Filing Date	11/07/200
Group Art Unit	2661
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Power Management for Throughput Enhancement in Wireless Ad-Hoc Networks

the specification of which *(Title of the Invention)*

is a

is illustrated here.

was

□ was filed on (MM/DD/YYYY) 11/07/2000 as United States Application Number or PCT International

Application Number **09/708271** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below; by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT International application designating the United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 122, I acknowledge the duty to disclose any information which is material to patentability as defined in 37 CFR 1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Patent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)					
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Cary Tope-McKay	41,350						
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below							
Name	Cary Tope-McKay						
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Address							
City	Malibu	State	CA	ZIP	90265		
Country	USA	Telephone	(310) 589-5910	Fax	(310) 943-2736		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)			Family Name or Surname				
Srikanth		Krishnamurthy					
Inventor's Signature	Srikanth V. M.				Date	06/06/01	
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Post Office Address	8909 Massena Street						
Post Office Address							
City	Riverside	State	CA	ZIP	92508	Country	USA
<input type="checkbox"/> Additional inventors are being named on the <input type="checkbox"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1		
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)			Family Name or Surname		
Tamer			ElBatt		
Inventor's Signature	<i>Tamer ElBatt</i>			Date	3/30/01
Residence: City	Woodland Hills	State	CA	Country	USA
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Post Office Address					
City	Woodland Hills	State	CA	ZIP	91367
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)			Family Name or Surname		
Dennis			Connors		
Inventor's Signature	<i>Dennis Connors</i>			Date	3-9-01
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Post Office Address					
City	Mariposa	State	CA	ZIP	95338
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	Country

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